Ceremonial Role Events and Tic	Neur ass	Distributions		A Public Documer
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	·)		1	For Official Use Only
Board of Supervisors, First District			1	
Designated Agency Contact (Name, Title)			4	
Megan Moret, Ticket Administrator		1.10]	
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 mmoret@bo	s.lacounty.ç	gov	Date of Original Filing:	(Month Day Year)
2. Function or Event Information			<u> </u>	(Month, Day, Year)
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	8
Event Description LA Phil		1	, 9 , 2015	
Event Description Provide Title/Expl.	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	l .	
		_	Name of Sou	се
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	0.00	
			Official's Name (La	st, First)
3. Recipients				
Use Section A to identify the agency's department or	Number of	and the second second second second	Annual Control of the	Sand The Control of the Control
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Board of Supervisors Staff	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role If checking "Ceremon	Other is a Control of the Control of	Income
		Ceremonial Role If checking "Ceremon	Other I	Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
Verification	L 	411		
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	he requirements.
Megan	Moret	Ticke	t Administrator	01/14/2015
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment	-			

Comment

A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 mmoret@bos.lacounty.gov Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ 10 2015 LA Phil **Event Description** Date(s) Provide Title/Explanation _A Phil Ticket(s)/Pass(es) provided by agency? Yes No X Name of Source Was ticket distribution made at the behest No⊠ Yes□ If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Board of Supervisors Staff Per Ticket Policy 5.3 (k) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification I have read and understand FF C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015 Signature of Agency Head or Designee Print Name (Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				T OILL
Division, Department, or Region (If Applicable)]	For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)			1	9
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4111 mmoret@bo	s.lacounty.ç	gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			·	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	68
Event Description LA Phil		Doto(a) 1	,16 ,2015	
Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi		
***		_	Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (I	last Firet)
			Omoral of Marine (I	cust, i moty
B. Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ual allse Section C to iden	tifu an outside erganization
A. Name of Agency, Department or Unit	Number of	- A Charles of the Committee of the	Section 18	Property of the second second
A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors Staff		Dor Tieket Delieu F 2	/1.3	
Board of Supervisors Staff	2	Per Ticket Policy 5.3	(K)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
	Pass(es)			
		Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role Role Role Role Role Role Role Rol	Other islands of the control of the	Income
		Ceremonial Role	Other	Income
		If checking "Ceremoni	ial Role" or "Other" describe below:	
C Name of Outside Organization	Number of .			
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
		1		
. Verification		JI		
I have read and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
Megan Megan			t Administrator	01/14/2015
Signature Magency Head or Designee	Print Nan	me	Title	(Month, Day, Year)
		University of the second		
Comment:			-	

Octomornal Note Events and Tie	ncui ass	Distributions		A Public Documen
1. Agency Name	-		Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District			1 -	
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 mmoret@bos	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	68
Event Description LA Phil	-	Date(s) 1	,31 ,2015	
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi		
Mon tiplest distribution made at the help at	[D]		Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast First)
3. Recipients				
Use Section A to identify the agency's department or uses the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency and the section A to identify the agency and the section A to identify the agency and the section A to identify the agency at th	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	e the spirit set of the district by	lic purpose made pursuant	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Fass(es)	Ceremonial Role	Other X	Income _
Ruth Gonzales	2	Per Ticket Policy 5.3(a)	
		Ceremonial Role If checking "Ceremoni	Other describe below:	Income
C. Name of Outside Organization	Number of Ticket(s)/	Pereithe the publi	lic purpose made pursuant	
(Include address and description)	Pass(es)		reparation in the pursuant	to the agency's policy
. Verification				
I have read and understand FPPG Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Megan			t Administrator	01/14/2015
Signature of Agency Head of Designee	Print Nam	De .	Title	(Month, Day, Year)
Comment:				

				A Public Documen
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form 002
Division, Department, or Region (If Applicable)		1	For Official Use Only
Board of Supervisors, First District	1			
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 . mmoret@bo:	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		1000		
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	68
Event Description LA Phil			,22 ,2015	
Provide Title/Expla	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi		
			Name of Sou	ırce.
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Officially Marine	1.50
		Marian and A. C. Company of the Comp	Official's Name (L	ast, First)
3. Recipients	11 0	-N 5 11 116 - 1 11 11		3
Use Section A to identify the agency's department or a	Number of	e side and a second second	Artista de l'agranda de la fili	TO SELECT THE SECOND SHOP IN THE
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	1 400(00)			a sale and the state the sale at the sale
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	100
(Last, First)	Pass(es)			·9·
		Ceremonial Role	Other X ial Role" or "Other" describe below:	Income
Debra Martin	2		the same of the sa	
		Per Ticket Policy 5.3(g)	
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	Solina According to April 1997
	Number of .			
C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Pass(es)			
l e				
. Verification				
I have read and understand FPPC Regulations 18944.1 and		1 1		
Megan			t Administrator	01/14/2015
Signature of Agency Head or Designee V	Print Nam	ne	Title	(Month, Day, Year)
Comment:				

Ceremoniai Role Events and Tic	Keurass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)	***************************************		<u>'</u>	
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 mmoret@bos	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			99	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	
Event Description LA Phil Provide Title/Expla	nation	Date(s) 1	, 23 , 2015	
		LA Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: If no: If	Name of Soul	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Le	est, First)
Recipients • Use Section A to identify the agency's department or u	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	and the state of t	lic purpose made pursuant to	Viter, the to release the control of
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
Frank Caraia	2	Ceremonial Role If checking "Ceremoni	Other X	Income
Frank Garcia	2	Per Ticket Policy 5.3(g)	
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
Verification /				
I have read and understand FPPC Regulations 18944.1 and Megan			nth above, is in accordance with t t Administrator	the requirements. 01/14/2015
Signatule of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
Comment:			· · · · ·	(worth, Day, Year)
		F	PPC Toll-Free Helpline: 866	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name	*		Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 mmoret@bo	s.lacounty.g	IOV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Ţ.	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	68
Event Description LA Phil		Deta(s) 1	,14 ,2015	
Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	▼ If no: LA Phi		
			Name of Sou	Irce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	act Firef)
			omoral a realite (E	ast, i noty
 Recipients Use Section A to identify the agency's department or it 	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization
A. Name of Agency, Department or Unit	Number of	and the second second second		18 294 1 1945 H. May 7 1 1 1 1 1 1
A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following	ng:
	Pass(es)	0		
		Ceremonial Role If checking "Ceremon	Other island of the control of the c	Income
		Ceremonial Role		Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of :			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
East L.A. Women's Shelter	2	Per Ticket Policy 5.3(i)	
. Verification				
I have read and understand FPPS Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Megan Megan			t Administrator	01/14/2015
Signature of Amency Head or Designee	Print Nam	ne L	Title	(Month, Day, Year)
		4. 35 5 - W. C.	ATTACANA ATTACANA	
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				roini -
Division, Department, or Region (If Applicable	•)	1		For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number _ E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 mmoret@bo:	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9
Event Description LA Phil		Date(s) 1	,14 ,2015	
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi		
NA/no tiple of distributions used at the best of	. □		Name of Soi	urce.
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast. First)
 Recipients Use Section A to identify the agency's department or it 	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	A Marin Krister of the Part No.	lic purpose made pursuant	The state of the s
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other	Income
		If checking "Ceremoni	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	
		2203 10.5 2035 5.000	ial Role" or "Other" describe below:	Income
		-		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
East L.A. Women's Shelter	2	Per Ticket Policy 5.3(i)	
				No.
. Verification				
I have read and understand FPFC Regulations 18944.1 and	18942. J have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Megan			t Administrator	01/14/2015
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
O.				
Comment:				

out of the state o	ROUT GOO	Diodibadono		A Public Documen
1. Agency Name			Date Stamp	California 802
County of Los Angeles				TOTAL
Division, Department, or Region (If Applicable)		1	For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator			 	L.
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 mmoret@bos	s.lacounty.g	JOV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1/	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	08
Event Description LA Phil		Date(s) 1	,18 ,2015	
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi		1
10/00 tiplicat distribution made at the half art	ाज		Name of Soul	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	lf yes:	Official's Name (La	ast Firef)
			omodi o Mario (Ec	100, 1 1100
B. Recipients • Use Section A to identify the agency's department or use	ınit. • Use Se	ction B to identify an individu	ual allsa Section C to identif	tu an outside excenization
A. Name of Agency, Department or Unit	Number of Ticket(s)/	and the state of the state of	lic purpose made pursuant to	No. 10 Carlo de Aprel de 10 Carlo
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
	1 400(00)	Ceremonial Role	Other 🔀	Income _
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	
		***************************************	ial Role" or "Other" describe below:	Income
C Name of Outside Organization	Number of Ticket(s)/	Describe the nub	lic purpose made pursuant to	the agency's noticy
(include address and description)	Pass(es)		parsualt (C	ogency a poncy
East L.A. Women's Shelter	4	Per Ticket Policy 5.3	(i)	
V- ····································				
. Verification I have read and understand FPPC Requisitions 18944.1 and	18042 have w	officed that the distribution and f	and to a basic and the state of	
Megan			onn above, is in accordance with i t Administrator	
signature of Agency Head or Designee	Print Nam			01/14/2015
	/ IIII Nafi.		Title	(Month, Day, Year)
Comment:				

Coronicinal Rolo Evolito and Tiol	1001 400	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisors, First District				-
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 mmoret@bos	.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			99	
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	
Event Description LA Phil		Date(s) 1	, 13 , 2015	
Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi		***************************************
Was ticket distribution made at the behest	🔽 1	п Г	Name of Sour	ce
of agency official?	No⊠ Yes	If yes:	Official's Name (La	est, First)
3. Recipients				
 Use Section A to identify the agency's department or u 	nit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identif	v an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/	- Kifting Copyright Charles Front Se	lic purpose made pursuant to	Notes the State of State of the State of
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role	Other	Income 🔲
		If checking "Ceremon	ial Role" or "Other" describe below:	
			_	
		Ceremonial Role	Other	Income
			and the state of t	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
ELA Chamber of Commerce	2	Per Ticket Policy 5.3(ï\	
227 Chamber of Sommerce		rei ficket rolley 5.5(''	
l. Verification				
I have reed and understand FPPC Regulations, 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements
Megan			t Administrator	01/14/2015
Signature of Agency, Heed or Designee	Print Nam		Title	(Month, Day, Year)
			To the state of th	
Comment:		***		

Ceremonial Role Events and Tio	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)		1	For Official Use Only
Board of Supervisors, First District	*			
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator			Damandanant (()	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 mmoret@bo	s.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	68
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$ L	
Event Description LA Phil	200000	Date(s) 1	,13 ,2015	
Provide Title/Exp		L A Phi	I	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: If no: If no: I	Name of So.	urge
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?		,	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	Tass(es)			
	i			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ner.
(Lest, First)	Pass(es)		identity one of the joilow	19.
		Ceremonial Role	Other iial Role" or "Other" describe below:	Income
		if checking colemon	all Note of Other describe perow.	
				-
		Ceremonial Role	Other _	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe trie pub	lic purpose made pursuant	to the agency's policy
ELA Charabay of Caranaga	2	D TI I I D II FO	(n)	
ELA Chamber of Commerce	2	Per Ticket Policy 5.3	(1)	
. Verification				
I have read and understand FPPC Regulations 18944.1 and				
	n Moret		t Administrator	01/14/2015
Signature of Agency Head or Designed	Print Nam	е	Title	(Month, Day, Year)
Comment:	- 10-10-0-0-0			

A Public Documen
Date Stamp California 802
Form OUZ
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (Month, Day, Year)
168
Each Ticket/Pass \$
11 2015
Name of Source
Official's Name (Last, First)
I. • Use Section C to identify an outside organization.
c purpose made pursuant to the agency's policy
Identify one of the following:
Other Income Role" or "Other" describe below:
Other Income Role" or "Other" describe below:
c purpose made pursuant to the agency's policy
th above, is in accordance with the requirements.
Administrator 01/14/2015
Title (Month, Day, Year)

Ceremonial Role Events and Tic	mour doc			A Public Documen
1. Agency Name			Date Stamp	California 802
County of Los Angeles				roilli
Division, Department, or Region (If Applicable	9)		1	For Official Use Only
Board of Supervisors, First District		7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	
Designated Agency Contact (Name, Title)			4	
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 mmoret@bo	s.lacounty.g	OV	Date of Original Filing:	
2. Function or Event Information]	(Month, Day, Year)
Does the agency have a ticket policy?	V- 🔽	□ Face Value	of Each Ticket/Pass \$	9
	Yes⊠ No	Pace value o		
Event Description LA Phil Provide Title/Expl.	anation.	Date(s) └	, 21 , 2015	
*		LA Phi	<u> </u>	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of So	urce
Was ticket distribution made at the behest	No⊠ Yes		Trains of do	440
of agency official?	No ear Yes	If yes:	Official's Name (L	ast, First)
. Recipients				·
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of		olic purpose made pursuant	The state of the s
	Ticket(s)/ Pass(es)	Describe die pub	nic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/			
(Last, First)	Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other X	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		0 1101	F FI	
		Ceremonial Role If checking "Ceremon.	Other	Income
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Breese	2	Per Ticket Policy 5.3	(i)	
Verification I have read and understand FRPQ Regulations 18944.1 and	19042 have	effect that the distriction	- AL - L	
Megan				
- I I I // / W II I I I I I I I I I I I I	MOLET		t Administrator	01/14/2015
Signature of Agency Headfor Designee	Print Nam	9	Title	(Month, Day, Year)
	Print Nam	9	Title	(Month, Day, Year)

County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 mmoret@bos.lacounty.gov For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)	Ceremonial Role Events and Tic	NEUF d55	Distributions		A Public Documer
Division, Department, or Region (If Applicable) Board of Supervisors, First District Designated Agency Contact (Manne, Title) Megan Moret, Titled Administrator Area Gode/Phone Number Manne Title Tarea Gode/Phone Number Manne Title Technicin or Event Information Does the agency have a ticket policy Yes No Date of Original Filling: (Month, Dey, Year) Function or Event Information Does the agency have a ticket policy Yes No Date (s) 1 2 1 2015 Event Description APhil Provide Titledsplanation Provide Titledsplanation Ticket(s)/Pass (se) provided by agency? Yes No Manne of Source If yes Official's Name (Last, Find) Was ticket distribution made at the behest No Yes If yes Official's Name (Last, Find) Was ticket distribution made at the behest No Yes If yes Official's Name (Last, Find) Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Pass(en) Describe the public purpose made pursuant to the agency's policy Pass(en) B. Name of Individual Number of Describe the public purpose made pursuant to the agency's policy Pass(en) C. Name of Outside Organization Number of Describe the public purpose made pursuant to the agency's policy Pass(en) Pass(en) Describe the public purpose made pursuant to the agency's policy Pass(en) Pass(en) Describe the public purpose made pursuant to the agency's policy Pass(en) Pass(en) Describe the public purpose made pursuant to the agency's policy Pass(en)	. Agency Name			Date Stamp	California 802
Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing: (Name, Day, Yes) Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing: (Name, Day, Yes) Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing: (Name, Day, Yes) Function of Event Description APhil Provide TilesExplanation Ticket(s)/Pass(es) provided by agency? Yes No No Yes If no: APhil Frow a ticket distribution made at the behest No Yes If yes: Official's Name (Last, Finit) Recipients - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) B. Name of Individual Agency Describe the public purpose made pursuant to the agency's policy Pass(es) C. Name of Outside Organization (Include address and description) Pass(es) Per Ticket Policy 5.3 (i) Verification Include address and description of Part Aphylations 1694.1 and 1894.1 have verified that the ricetion or a section above. Is in accordance with the goulements. Ticket Administrator (D1/14/2015)		4			
Designated Agency Contact (Name, Title)	Division, Department, or Region (If Applicable	·)			, , , , , , , , , , , , , , , , , , , ,
Megan Moret, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 Immoret@bos.lacounty.gov Date of Original Filling: (Medit, Day, Year) Date					
Area Code/Phone Number E-mail	Designated Agency Contact (Name, Title)				
Date of Original Filling: OMORIDA OMORID	Megan Moret, Ticket Administrator				
Function or Event Information Does the agency have a ticket policy? Event Description A Phil Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes Date(s) Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients - Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) B. Name of Individual Indiv	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
Does the agency have a ticket policy? Event Description A Phil Event Description A Phil Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no. LA Phil Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name of Source If yes: Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (Name (Last, First)) Pass(es) Ceremonial Role Other Individual (Name (Last, First)) Ceremonial Role Other Individual (Name (Last, First)) Ceremonial Role Other Individual (Name (Last, First)) Describe the public purpose made pursuant to the agency's policy (Name	213-974-4111 mmoret@bos	s.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticket policy? Yes No Parovide Title-Explanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ Date(s) 21 2015 Date(s) 21 2015 Name of Source Name of Source If yes: Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Ceremonial Role Other Section Describe below: Ceremonial Role Other Section Describe below: Ceremonial Role Other Section Describe below: Ceremonial Role Other Section Describe the public purpose made pursuant to the agency's policy Pass(es) Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Pass(es) Per Ticket(s)/Pass(es) Per Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Per Ticket(s)/Pass(es) Per Ticket(s)	. Function or Event Information			1	40
Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes If no: LA Phil	Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	00
Ticket(s)/Pass(es) provided by agency? Yes No Inc. A Phil Name of Source Was ticket distribution made at the behest of agency official? No If yes: Official? Name (Last, First) Recipients **Use Section A to identify the agency's department or unit. **Use Section B to identify an individual. **Use Section C to identify an outside organization. **A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) **B. Name of Individual (Last, First) **B. Name of Individual (Last, First) **Ceremonial Role Often Image: Often Imag	Event Description LA Phil		Data(s) 1	, 21 , 2015	
Was ticket distribution made at the behest of agency official? **Recipients** - Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Use Section C to identify an outside organization. **Number of Ticket(s)** Pass(es)** Pass(es)** Pass(es)** Pass(es)** Pass(es)** Ceremonial Role* or Other	Provide Title/Expla	anation			J J
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi LA Phi		urce
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Name of Agency, Department or Unit Name of Individual (Last, Find) Name of Outside Organization (Include address and description) Name of Outside Organization Name of Outside Organization (Include address and description) Name of Outside Organization Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Particle of Outside Organization Ticket Policy 5.3 (i) Verification Name of Outside Organization Name of Outside Organization Outside Organization Ticket(s) Describe the public purpose made pursuant to the agency's policy Ticket(s) Describe the public purpose made pursuant to the agency's policy Ticket(s) Ticket(s) Describe the public purpose made pursuant to the agency's policy Ticket(s) Ti				omorar a reame (E	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Ticket(s)/ Pass(es) Identify one of the following:		mit allse Se	ction B to identify an individ	ual allea Saction C to ident	ify an outside examination
B. Name of Individual (Last, Final) Number of Ticket(st) Pass(es) Identify one of the following:			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Art. P. C. M. Payers S. Marrison St.	The same of the sa
Ticket(s)/ Pass(es) Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Pass(es) Per Ticket Policy 5.3 (i) Verification Inaverfead and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015	Name of Agency, Department or Unit		Describe the pub	lic purpose made pursuant	to the agency's policy
Ticket(s)/ Pass(es) Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Pass(es) Per Ticket Policy 5.3 (i) Verification Inaverfead and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015					
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Ticket(s)/ Pass(es) Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Pass(es) Per Ticket Policy 5.3 (i) Verification Inaverfead and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015					
Ticket(s)/ Pass(es) Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Pass(es) Per Ticket Policy 5.3 (i) Verification Inaverfead and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015					
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Ceremonial Role Other Income Ceremonial Role Other Income Inco	(Last, First)				119
C. Name of Outside Organization (Include address and description) Pass(es) Per Ticket Policy 5.3 (i) Verification Theye read and understand PPPC Redurations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Income Income Income Income Income Income I					Income
C. Name of Outside Organization (Include address and description) Pass(es) Per Ticket Policy 5.3 (i) Verification Inaversed and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret It checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Per Ticket Policy 5.3 (i) Verification Inaversed and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015			If checking "Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization (Include address and description) Pass(es) Per Ticket Policy 5.3 (i) Verification Inaversed and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret It checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Per Ticket Policy 5.3 (i) Verification Inaversed and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015					
C. Name of Outside Organization (Include address and description) Pass(es) Per Ticket Policy 5.3 (i) Verification Inaversed and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret It checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Per Ticket Policy 5.3 (i) Verification Inaversed and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015			Ceremonial Role	Other 🗆	Income
Breese 2 Per Ticket Policy 5.3 (i) Verification I have fread and understand FPPo Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015			The second secon		income [
Breese 2 Per Ticket Policy 5.3 (i) Verification I have fread and understand FPPo Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015					
Breese 2 Per Ticket Policy 5.3 (i) Verification I have freed and understand FPPG Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015			Describe the pub	lic purpose made purposent	
Verification I have feed and understand FPPO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015	(Include address and description)		Describe the pub	inc purpose made pursuant	to the agency's policy
Verification I have feed and understand FPPO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015	Dunnan	2	D 71 1 1 D 11 5 0	(1)	
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have read and understand FPPO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015				* * * * * * * * * * * * * * * * * * * *	
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have read and understand FPPO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 01/14/2015	Verification 🕠 🐧	<u> </u>			
Megan Moret Ticket Administrator 01/14/2015		18942. I have ve	arified that the distribution set f	orth above, is in accordance with	the requirements.
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)	/	Moret	Ticke	et Administrator	01/14/2015
	Signature of Agency Head or Designee	Print Nam	ne e	Title	
	Comment:		3.5-10-10-1		

A Public Document

1.	Agency Name			Date Stamp	California Ono
	County of Los Angeles		who have a second and a second		Form 8UZ
	Division, Department, or Region (If Applicable		For Official Use Only		
	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
	213-974-4111 mmoret@bos	s.lacounty.g	lov	Date of Original Filing:	(Month Day Your
2.	Function or Event Information			<u> </u>	(Month, Day, Year)
	Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 168	8
	Event Description LA Phil		1	,24 ,2015	
	Provide Title/Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phil		
		- In the second		Name of Source	ce .
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Las	st, First)
3.	Recipients				
	Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	j.
		Pass(es)	Ceremonial Role	Other X	Income 🔲
			If checking "Ceremoni	al Role" or "Other" describe below:	
			Ceremonial Role	Other	
				al Role" or "Other" describe below:	Income
		Number of .			
1	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
	Alma Family Services	2	Per Ticket Policy 5.3 ((i)	
	Verification				
•	I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	arified that the distribution set fo	orth above, is in accordance with t	ne requirements.
	Megan			t Administrator	01/14/2015
	\$ignature of Ageogy Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
			2		
	Comment:				the state of the s

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	
County of Los Angeles			1	Form 802
Division, Department, or Region (If Applicable	e)		4	For Official Use Only
Board of Supervisors, First District			1	
Designated Agency Contact (Name, Title)			4	
Megan Moret, Ticket Administrator			 	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 mmoret@bo	s.lacounty.g	lov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			[6	
Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	9
Event Description LA Phil Provide Title/Expl	anation	Date(s)	, 24 , 2015	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of So.	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (I	
3. Recipients				
Use Section A to identify the agency's department or		ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other X iial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Alma Family Services	2	Per Ticket Policy 5.3	(i)	
. Verification I have read and understand FRPC Regulations 18944.1 and Megan	Moret	Ticke	t Administrator	o the requirements. 01/14/2015
Signature of Agency Head br Designee	Print Nam	e .	Title	(Month, Day, Year)
Comment:				

,0101110	illai Kole Even	its and m	shour ass	Distributions		A Public Documer
. Agenc	y Name				Date Stamp	
County	of Los Angeles					Form 802
Division	, Department, or Reg	jion (If Applicab	le)		1	For Official Use Only
Board o	f Supervisors, First D	istrict			1	
	ted Agency Contact				4	
Megan I	Moret, Ticket Admin	istrator				. N
	de/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974	-4111	mmoret@bo	os.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
Functi	on or Event Infor	mation			- Inc.	
Does the	e agency have a ticke	et policy?	Yes No	Face Value of	of Each Ticket/Pass \$)
Event De	escription LA Phil			Date(s) 1	,30 ,2015	
_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0001178011	Provide Title/Exp	planation			
Ticket(s)	/Pass(es) provided b	y agency?	Yes No	✓ If no: LA Phi	The second secon	
Mas tick	et distribution made a	et the behoet	🔽		Name of Sou	rce
	icy official?	at the benest	No⊠ Yes	If yes:	Official's Name (L	ast. First)
Recipio	onte					
		y's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to identi	fv an outside organization
	ame of Agency, Departme	1951 2 15 120	Number of Ticket(s)/	State of the state of the state of the	olic purpose made pursuant t	Notes, C. Carlo et aper de la lacción
			Pass(es)			
В.	Name of Individua	1 (11)	Number of			
D.	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	g:
				Ceremonial Role	Other X	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other _	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	Name of Outside Organ	ià	Number of			
C. (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
						e de la companya de l
Alma Far	mily Services		2	Per Ticket Policy 5.3	(i)	
	dian.	ß				
Verifica		П				
	and understand FRPC/Regui			erified that the distribution set fo	orth above, is in accordance with	the requirements.
			d 18942. I have ve n Moret		orth above, is in accordance with t Administrator	the requirements. 01/14/2015

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. Agency Name	7000		Date Stamp	California 802
County of Los Angeles				TOTAL
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 mmoret@bos.lacc	unty.g	OV	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			90	
Does the agency have a ticket policy? Yes	No.	Face Value o	of Each Ticket/Pass \$	7
Event Description LA Phil		Date(s) 1	, 20 , 2015	
Provide Title/Explanation				
Ticket(s)/Pass(es) provided by agency? Yes	☐ No	✓ If no: LA Phi		
M/oo tighet distribution made at the behave			Name of Sou	rce
Was ticket distribution made at the behest No. of agency official?	Yes	If yes:	Official's Name (L	ast. First)
. Recipients				
Use Section A to identify the agency's department or unit.	Use Sec	ction B to identify an individu	ual. • Use Section C to identi	fv an outside organization.
A None of Assess Posterior List	nber of	and the second s	lic purpose made pursuant t	Contraction of the second
7, 1	ket(s)/ ss(es)		no parpose made pursuant i	o the agency's policy
			- C-2 - Mar	
			1	
Nur	nber of			
B. Name of Individual Tic	ket(s)/ ss(es)		Identify one of the following	ıg:
	33(63)	Ceremonial Role	Other 🔀	Income
			ial Role" or "Other" describe below:	iliconie
		_		
		Ceremonial Role	Other	Income
ivalile of Outside Organization	nber of :	Describe the pub	lic purpose made pursuant t	a tha account a self-
(include address and description)	ss(es)	Describe the pub	no purpose made pursuant t	o tite agency's policy
lavanes inc		D. T. L. I. D. I E.O.	/\`	
Jovenes inc. 2		Per Ticket Policy 5.3	(1)	
Verification				The state of the s
I have read and understand FPPC Regulations 18944.1 and 18942.				
Megan More	_		t Administrator	01/14/2015
Signature of Agency Head of Designed	Print Nam	e	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	S Distributions		A Public Documen
1. Agency Name			Date Stamp	
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors, First District			1	
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator	*****			
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 mmoret@bos	s.lacounty.g	jov	Date of Original Filing:	(Month Cour)
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	68
Event Description LA Phil		1	,18 ,2015	
Provide Title/Expla	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:		
			Official's Name (L	.ast, First)
B. Recipients	mit . Ilaa Ca	ation Danish attended to the		
Use Section A to identify the agency's department or to	Number of	and the second second second	Note that the second of the second of	Name of the Contract of the Co
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	
(Last, First)	Pass(es)		historia de la compania de la compa	.y.
		Ceremonial Role	Other 🗵	Income
		il criecking "Ceremoni	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	
			ial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy
(include address and description)	Pass(es)			a no agend, a pone,
Jovenes inc.	2	Per Ticket Policy 5.3	(i)	
Verification ,		ll		
I have read and understand FPPC Regulations (18944.1 and	18942. I have ve	arified that the distribution set fo	orth above, is in accordance with	the requirements
Megan	Moret		t Administrator	01/14/2015
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
	#			(month, Day, Tear)
Comment:			and the second s	

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator	The second secon			
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 mmoret@bo	s.lacounty.g	Jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		10.450	1	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	68
Event Description LA Phil	2	Date(s) 1	,20 ,2015	
Provide Title/Expl	anation	-		
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi	And the second s	
Was tisket distribution made at the half of			Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast First)
3. Recipients				
Use Section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency's department or a section A to identify the agency and a section A to identify the agency and a section A to identify the agency as a sect	ınit. • Use Se	ction B to identify an individu	ial. • Use Section C to identi	fv an outside organization.
A. Name of Agency, Department or Unit	Number of	er en en grant en en en Ap	lic purpose made pursuant t	Color Total Color Color
	Ticket(s)/ Pass(es)		no purpose made pursuant i	to the agency's policy
	Number of		ate as the first of the second	
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
	F 455(45)	Ceremonial Role	Other	
			ial Role" or "Other" describe below:	Income
		Ceremonial Role	Other Land Other Care of the Color of the Care of the	income
		in sheering objection	arriole of Other describe below.	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub		
(include address and description)	Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
laura and laur	2			
Jovenes Inc	2	Per Ticket Policy 5.3	(i)	
. Verification	Js.			
I have read and understand FPPC Regulations 18944.1 and		arified that the distribution set fo	orth above, is in accordance with	the requirements.
Megan	Moret	Ticke	t Administrator	01/14/2015
Signature of Agency Head of Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment				

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)